

Disclosure

- **There are no relevant financial relationships to disclose**
- **Topics discussed in this lecture are components of the emergency medicine core curriculum as defined in the 2007 Model of the Clinical Practice of Emergency Medicine (American Board of Emergency Medicine (ABEM) website)**
- **The content of this lecture was developed following an extensive literature search and is the most up to date, evidence-based information available**



INDIANA UNIVERSITY
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EMS Case Reports: IU School of Medicine, Department of Emergency Medicine, EMS Track Residents

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Longitudinal Emergency Medical Services Track Curriculum For Emergency Medicine Residents Improves EMS Medical Direction Career Placement

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Background: All residency trained emergency medicine (EM) physicians participate in mandated emergency medical services (EMS) education. Often EM physicians are asked to assume medical director roles. We hypothesized that longitudinal EMS resident education provides a better model for career sustaining EMS medical director concepts.

Objective: Implement a novel comprehensive EMS curricular track in EM residency to increase EMS medical director career placement post graduate training.

Methods: We designed a survey to assess baseline EMS medical directorship participation. The survey was electronically administered to a cohort of EM alumni from a single academic EM institution. Survey feedback was utilized in developing a novel curriculum. This longitudinal EMS track curriculum requires residents to assume a 2-year EMS medical directorship in a large urban EMS system. Graded experience is acquired through the following components: 1. Active member of a resident-paramedic pre-hospital ambulance unit (PGY-2); 2. Independent pre-hospital supervisory provider unit (PGY-3); 3. Participation in an EMS subspecialty niche (eg. mass-gathering, disaster, tactical, motorsports, and aero medicine). Quarterly meetings, quality improvement projects, and fellowship trained EMS faculty mentors supplement the curriculum. Residents complete scholarly and administrative requirements within the track. Education is formalized by completion of a nationally recognized EMS medical director course as a capstone experience.

Results: 56 alumni participated in the survey (37% response rate) of these, 11 (19%) self identified as EMS medical directors. Fifteen residents have completed the EMS track curriculum to date and of these, 13 (87%, $p < 0.0001$) were successfully placed as EMS medical directors or fellows post graduation.

Conclusion: Longitudinal EMS track curricula with graded responsibilities provides a better model to teach director skills during residency. This model enhances EMS career development and better prepares emergency medicine resident graduates for medical director roles.